

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 15, 2003

Re: IRO Case # M2-03-1288

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 56-year-old male who was injured on ___ while lifting trash from a compactor. He developed pain in his neck and right shoulder, and numbness in his right hand. The patient had had a right rotator cuff surgery a short time before this injury, and in the late 1990's he had had anterior cervical discectomy and fusion at C5-6. The patient smokes three packs of cigarettes a day, and has for 35 years. His pain continues despite physical therapy and medication. The patient underwent MRI evaluation on 7/31/02, and this showed surgical changes at the C6-7 level, mainly to the right side.

There was considered to be a broad-based disk protrusion. An EMG on 8/6/02 showed evidence of a right C7 radiculopathy. A cervical CT myelogram on 12/16/02 showed multiple levels of injury with a questionable small non-surgical disk protrusion at C4-5. The patient has never demonstrated any neurologic deficit, but the general features of cervical disk disease have been present. Trigger point injections were also tried, without persistent benefit.

Requested Service(s)

ACDF C6-7, graft, pet (surgery)

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

The patient has had injections, various medications, and physical therapy without help. He had previous surgery of the same type, which was apparently successful. While this patient smokes, and that is an issue, I have seen good results in patients who smoke, even when a good fusion does not occur. Lack of neurologic deficits is not infrequent under this patient's circumstances, and there is "subclinical" evidence of nerve root compression on testing. The level involved on this test corresponds to the level that is to be operated on.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 18th day of July 2003.